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## WORK STATUS QUESTIONNAIRE

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DEPT. NAME/NO: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

The following information is needed to ensure that persons are placed in work which is safe and healthful for them. An answer of "yes" to any of the questions below will not disqualify you from employment.

Please answer each question below and sign and date the form where indicated.

1. Can you perform the essential job functions of the above position with/without reasonable work accommodations?

- ( ) Yes Accommodations are needed. Please complete a Voluntary Request for Reasonable Accommodations forms.
- ( ) Yes No accommodations are needed.
- ( ) Yes I cannot perform the essential job functions with/without reasonable work accommodations.

2. Have you ever filled out this form or a similar work status questionnaire for employment in any department within the County of Los Angeles?

- ( ) Yes Dept. Name/No. \_\_\_\_\_
- ( ) No

The above information is true and correct to the best of my knowledge. The duties of the above position have been explained to me, and I understand what they entail.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_